

Registration Form

Bloomin Broms

Name _____

Name _____

Address _____

_____ PC _____

Phone _____

Email _____

Do you wish to sell plants? (please tick) Yes _____ No _____

If 'Yes' approximately how many? _____

\$25 pp before 24th May, \$30 pp before 30th May, \$40 at the door.

Payment Options Cheque/ Money Order \$ _____

Credit Card Master Card _____ Visa _____ (please tick)

Name on Card (please print) _____

Card Number _____

Expiry Date ____/____

Signature _____

Cheque or Money order payments should be made out to

Cairns Bromeliad Society Inc.

Please forward to: The Secretary, Cairns Bromeliad Society Inc

Ph 40533913

P O Box 28

lynnhudson@bromeliadsdownunder.com

Cairns Qld 4870

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